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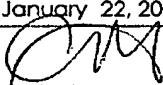
001/007

JAN 22 2007

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FACSIMILE TRANSMISSION COVER SHEET**PLEASE DELIVER TO:****NAME:** Examiner Jessica L. Laux/Art Unit3635**FAX TELEPHONE NO.** 571.273.8300**MESSAGE SENT BY:** Daniel C. Crilly, Esq.**DATE:** January 22, 2007**PAGES:** (including cover).....7

MESSAGE: Please see attached Transmittal Form (1 page); Fee Transmittal Form (1 page); Petition for Revival of an Application for Patent Abandoned unintentionally under 37 CFR 1.137 (b) (2 pages) and Response to Restriction Requirement (2 pages) in connection with U.S. Appl. Serial No. 10/764,194. Thank you.

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Date:	January 22, 2007
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PTO/SB/21 (09-04)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/764,194
		Filing Date January 23, 2004
		First Named Inventor Roberto Edmundo Pazmino Sanchez
		Art Unit 3635
		Examiner Name Jessica L. Laux
Total Number of Pages in This Submission 7		Attorney Docket Number 013313-05648

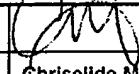
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <i>Petition for Revival of an Application for Patent Abandoned Unintentionally under 37 CFR 1.37 (b) Response to Restriction Requirement (2 pages)</i>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	BRINKLEY, MCNERNEY, MORGAN, SOLOMON & TATUM, LLP		
Signature			
Printed Name	DANIEL C. CRILLY		
Date	January 22, 2007	Reg. No.	38,417

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Chriselide Mendez	Date	January 22, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	10/764,194
		Filing Date	January 23, 2004
		First Named Inventor	Roberto Edmundo Pazmino Sanchez
		Examiner Name	Jessica L. Laux
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3635
TOTAL AMOUNT OF PAYMENT (\$ 750)		Attorney Docket No. 013313-05648	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1111 Deposit Account Name: Brinkley, Morgan, et al.				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)	<input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17			

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity
Fee (\$)
Fee (\$)
Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee Paid (\$)
- 3 or HP =	x	=		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Claims	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Petition to revive unintentionally abandoned application fee _____

750

SUBMITTED BY			
Signature	<i>Daniel C. Crilly</i>	Registration No. (Attorney/Agent)	38,417
Name (Print/Type)	Telephone (954) 522-2200		
	Date 01/22/2007		

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